

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034296

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

114  
4186  
66  
FILED OCT 9 1962VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>FRANKLIN</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>FRANKLIN</b>                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SULLIVAN</b>  |   | Length of stay in 1b<br><b>5 YRS.</b>  | c. CITY OR TOWN <b>SULLIVAN</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>116 McKINLEY</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>116 McKINLEY</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>ANNA B. MILLER</b>   |   | 4. DATE OF DEATH Month Day Year<br><b>OCT. 5 1962</b>  |   |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>JULY 5, 1887</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>WAITRESS</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>REST.</b>  | 9. AGE (last birthday)<br><b>75</b><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |
| 11a. BIRTHPLACE (City and state or country)<br><b>DEERFIELD ILL. U.S.A.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>THOMAS BURTON</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY GOINS</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>6 WALTER BLANTON, SULLIVAN, MO.</b>  |   |
| 17. INFORMANT<br><b>WALTER BLANTON, SULLIVAN, MO.</b>   |   | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Cardiac Decompensation</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>Chronic Arteriosclerosis</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b><br><b>4 yrs</b><br><b>4 yrs</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <b>OCT 5, 1962</b> and last saw her alive on <b>OCT 5, 1962</b><br>Death occurred at <b>11:55 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>John J. [Signature]</b>   |   |
| 22b. ADDRESS<br><b>116 McKinley, Sullivan, Mo.</b>  |   | 22c. DATE SIGNED<br><b>10/6/62</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>OCT. 8, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>P.O.O.F. MEMORIAL CEM. SULLIVAN MO.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>H.M. EATON, SULLIVAN, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-5-1962</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>William Cowan</b>   |   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 10 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Harmon W. Eaton*

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.